

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002545

STATE FILE NUMBER

AMENDED

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 27

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY LAWRENCE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LAWRENCE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA		Length of stay in 1b YEARS		c. CITY OR TOWN AURORA		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AURORA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 117 W. ST. LOUIS.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) NORMAN HENRY STRICKRODT				4. DATE OF DEATH JANUARY 8. 1962			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 12/13/08	
9. AGE (last birthday) 53		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING		11. BIRTHPLACE (City and state or country) ROBERTSDALE, ALA.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME FRED STRICKRODT		13b. MOTHER'S MAIDEN NAME BESSIE J. SWAILES		14. NAME OF HUSBAND OR WIFE * * * * *			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. [REDACTED]			
17. INFORMANT FRED STRICKRODT: AURORA, MO.				Address			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) They shot wound of skull & brain. 22 caliber bullet.				INTERVAL BETWEEN ONSET AND DEATH 1 hour			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self-Inflicted gunshot wound.			
20c. TIME OF INJURY Hour 10:30 a.m. Jan. 8, 1962		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION 117 W. St. Louis St. Aurora, Lawrence Mo.	
20g. COUNTY Lawrence		20h. STATE Mo.					
21. I attended the deceased from January 8, 1962 to January 8, 1962 and last saw him alive on January 8, 1962 Death occurred at 11:20 P.M. on the 8th day of January , 1962, at the place stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Samuel L. Dekey M.D.		(Degree or title)		22b. ADDRESS Aurora, Mo.		22c. DATE SIGNED January 19, 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/12/62		23c. NAME OF CEMETERY OR CREMATORY Manle Park		23d. LOCATION (City, town, or county) Aurora, Mo.	
24. FUNERAL DIRECTOR Arnold's		ADDRESS Funeral Home: Aurora, Mo.		25. DATE RECD. BY LOCAL REG. 1-11-62		26. REGISTRAR'S SIGNATURE George L. Gingley	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Irving R. Arnold

Licensed Embalmer No. 4929

P. O. Address Aurora, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.